

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): PAUL S. MISCHEL, CHARLES L. SAWYERS, BRADLEY L. SMITH, and KATHERINE CROSBY

Docket: G&C 30435.148-US-U1

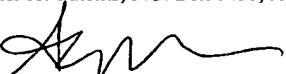
Title: METHODS AND MATERIALS FOR EXAMINING PATHWAYS ASSOCIATED WITH GLIOBLASTOMA PROGRESSION

CERTIFICATE OF MAILING UNDER 37 CFR 1.10

'Express Mail' mailing label number: EV329955299US

Date of Deposit: November 5, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: 
Name: Suzie McCleave

22389 U.S.PTO
10/701490
110503

MAIL STOP PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
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Sir:

We are transmitting herewith the attached:

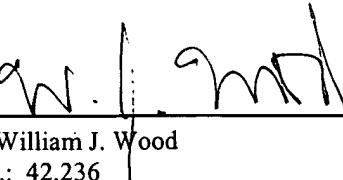
- Transmittal sheet, in duplicate, containing Certificate Of Mailing Under 37 CFR 1.10.
- Utility Patent Application: Spec. 51 pgs; 24 claims; Abstract 1 pg(s).
The fee has been calculated as shown below in the "Claims as Filed" table.
- 4 sheets of Formal Drawings.
- Small Entity Status to be Established Later.
- A signed Combined Declaration and Power of Attorney.
- Assignment of the invention to The Regents of the University of California, Recordation Form Cover Sheet.
- A charge to Deposit Account in the amount of \$464.00 to cover the Filing Fees.
- A charge to Deposit Account in the amount of \$40.00 to cover the Assignment Recordation Fee.
- Computer readable and paper form of SEQUENCE LISTING. Applicants state that the contents of the paper copy form of the SEQUENCE LISTING section of the present application, and the computer readable form submitted herewith, are the same.
- The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government. The name of the U.S. Government agency and the U.S. Government contract number are: U01 CA88127 from the National Cancer Institute/NIH and K08NS43147-01 from the National Institute of Neurological Disorders and Stroke/NIH.
- Return postcard.

CLAIMS AS FILED

Number of Claims Filed	In Excess of:	Number Extra	Rate	Fee
Basic Filing Fee				\$385.00
Total Claims				
24	20	4	x \$9.00	= \$36.00
Independent Claims				
4	3	1	x \$43.00	= \$43.00
MULTIPLE DEPENDENT CLAIM FEE				\$0.00
TOTAL FILING FEE				\$464.00

Please charge all fees to Deposit Account No. 50-0494. A duplicate of this sheet is enclosed.

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